

STATE OF MARYLAND—CERTIFICATE OF DEATH

10339

1. PLACE OF DEATH

County St. Mary'sVillage or City First HallLength of residence in city or town where death occurred 24

No.

Registration Dist. No. 20

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Hazel Marie Brown(a) Residence: No. 101

(Usual place of abode)

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE whiteS. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
seever

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE of
Seever

6. DATE OF BIRTH (month, day, and year)

May 18, 19337. AGE Years 5 Months 13 DaysIf LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.
none9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.
none10. Date deceased last worked at
this occupation (month and
year)
none11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

First Hall(State or country) MD

MOTHER

FATHER

13. NAME James Hardley Brown14. BIRTHPLACE (city or town) Montgomery(State or country) MD15. MAIDEN NAME Helen Catherine Hall16. BIRTHPLACE (city or town) Pennsylvania(State or country) PA

17. INFORMANT

(Address)

James Hardley BrownFirst Hall

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Michael's Cem.

Date

Nov. 1

, 1933

19. UNDERTAKER S. L. Potter

(Address)

20. FILED Oct 31, 1933

For filing

Dept.

21. DATE OF DEATH

Oct 31
(Month)
81
(Day)
1933
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct 30, 1933, to Oct 31, 1933; death is saidto have occurred on the date stated above, at 8 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Gastro Enteritis.

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County St. Marys

(159)

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 284

Village or City Oakville (No.)

2 FULL NAME

William Clifton (Duade) Burch

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Male white

Single

6 DATE OF BIRTH

Oct 1, 1933
(Month) (Day) (Year)

7 AGE

If LESS than
1 yrs. mos. 2 ds. or min.?

8 OCCUPATION

- (a) Trade, profession or particular kind of work
 (b) General nature of industry business, or establishment in which employed or (employer)

name.

9 BIRTHPLACE
(State or country)

St. Marys Co. Md.

10 NAME OF FATHER

James Lewis Duade

11 BIRTHPLACE OF FATHER
(State or country)

Laurel Grove, Md.

12 MAIDEN NAME OF MOTHER

Therella Burch

13 BIRTHPLACE OF MOTHER
(State or country)

Oakville Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Therella Burch

(Address) Oakville

15

Filed Oct 3 1933 Leon J. Ochoron
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct 3, 1933

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That attended the deceased from Oct 1 1933 to Oct 3, 1933,

that I last saw him alive on Oct 1, 1933,

and that death occurred on the date stated above, at 5 a.m.

The CAUSE OF DEATH * was as follows:

attended by midwife

Premature birth. (6 mos.)

(Duration) yrs. mos. ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) Leon J. Ochoron M. D.
Oct 3, 1933 (Address) Glendale Hotel Md.*State the Disease Causing Death, or, In deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted,
if not at place of death?

Former or usual residence

In the State yrs. mos. ds.

19 PLACE OF BURIAL OR REMOVAL

St Joseph Cemetery

20 UNDERTAKER

A. C. Welch

DATE OF BURIAL

Oct 3, 1933

ADDRESS

Chesapeake Md.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill, (c) Salesman, (d) Grocery, (e) Foreman, (f) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer-Cold mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-sinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* never report "Typhoid Pneumonia"; *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc.* of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough, Chronic tubular heart disease, Chronic interstitial nephritis, etc.* The contributory (secondary) or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Brondomeumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital"), "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train-accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory". (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is locked over thoroughly and a question answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10341

1. PLACE OF DEATH

County St. Mary's

Registration Dist. No. 284

Village or City Mechanicsville

No.

St., Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds. How long in U.S. if of foreign birth? yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary Margaret Burroughs

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|--------|------------------|---|
| Female | white | widow |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 24, 1843

| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|--------|-------|--------|------|--|
| 90 | 8 | | 4 | |

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. none9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) St. Mary's Co., Md.
(State or country)

13. NAME Samuel C. Bond

14. BIRTHPLACE (city or town) Chas. Co., Md.
(State or country)

15. MAIDEN NAME Elizabeth Jane Higgs

16. BIRTHPLACE (city or town) Chas. Co., Md.
(State or country)

17. INFORMANT E. L. Burroughs

(Address) Mechanicsville

18. BURIAL, CREMATION, OR REMOVAL

Place All Faith Church Oct. 30, 1933

19. UNDERTAKER E. R. Jarboe

(Address) Mechanicsville

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct. 28, 1933
(Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from
Dec. 19, 32, to Oct. 28, 1933.I last saw her alive on Oct. 23, 1933; death is said
to have occurred on the date stated above, at 3 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cause of death
Gout and suffocationDate of onset
2/25

Other Contributory Causes of importance:

Arterio Sclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Lester D. Jarboe M.D.
(Address) Mechanicsville

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10342

1. PLACE OF DEATH

County St. Mary's
Village or City Maddux

82-a

Registration Dist. No. 2 A 6St. Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Abraham Chesley

(a) Residence: Nd.

Maddux nd St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|-----------------------------|---|
| 3. SEX <u>male</u> | 4. COLOR OR RACE <u>col</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u> |
|--------------------|-----------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofHenrietta Chesley6. DATE OF BIRTH (month, day, and year) 8-25-1852

| | | | | |
|-------------------|-----------|----------|-----------|--|
| 7. AGE <u>108</u> | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| | <u>83</u> | <u>7</u> | <u>16</u> | |

| | |
|--|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKEEPEPER, etc. <u>Hair</u> | 11. Total time (years) spent in this occupation <u>45</u> |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Industry</u> | |
| 10. Date deceased last worked at this occupation (Month end year) <u>1-25-33</u> | |

12. BIRTHPLACE (city or town)
(State or country) Hughesville13. NAME Peter Chesley14. BIRTHPLACE (city or town)
(State or country) Hughesville15. MAREN NAME Charlotte Fabs.16. BIRTHPLACE (city or town)
(State or country) Hughesville17. INFORMANT John Lewis Chesley
(Address) Maddux18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 7-1-3319. UNDERTAKER Al Marshall
(Address) Chapman and20. FILED 10-31-1933 N. Palmer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10-30-193322. I HEREBY CERTIFY. That I attended deceased from 9-19-33 to 10-30-1933I last saw him alive on 10-28-1933; death is said to have occurred on the date stated above, at 11:15 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral
apoplexyDate of onset
10-19-33

Other Contributory Causes of importance:

ulcerous disease

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) B.M. Palmer M.D.
(Address) 2411 N. Charles Street, Baltimore, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 - 9.—The industry or business in which the work was done.
 - 10.—The month and year the deceased last worked at the occupation.
 - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

Example 11

The principal cause of death and related causes of importance were as follows:

| | |
|---------------------------------------|--------------|
| <i>Arteriosclerosis</i> | 1915 |
| <i>Chronic interstitial nephritis</i> | 1921 |
| <i>Cerebral hemorrhage</i> | July 5, 1922 |

| | |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i> | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i> | <i>3 days ago</i> |

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Digitized by srujanika@gmail.com

Other contributory causes of importance:

Other contributory causes of importance:

Gallstones May 1, 1924

Gastroenteritis 1 year

Digitized by srujanika@gmail.com

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10343

1. PLACE OF DEATH

County St. MarysVillage or City Great MillsLength of residence in city or town where death occurred. 4 yrs.

No.

Registration Dist. No. 287

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. _____ ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.2. FULL NAME John P Clarke

(a) Residence: No. _____

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofJohn P Clarke

6. DATE OF BIRTH (month, day, and year)

Feb 11, 18637. AGE Years 70 Months 7 Days 24 If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Nov 1932 11. Total time (years) spent in this occupation 6012. BIRTHPLACE (city or town)
(State or country) Hollywood Md13. NAME George A Clarke14. BIRTHPLACE (city or town)
(State or country) Maryland15. MADIOEN NAME Sophia Yates16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Walter A Bell
(Address) Great Mills Md18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Hill Cemetery Oct 7, 193319. UNDERTAKER Wm C Mattingly
(Address) Towerton Md20. FILED Oct 8, 1933 By John P. Clark
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 5(Month) Oct (Day) 5 (Year) 1933

22. I HEREBY CERTIFY, That I attended deceased from

June 1, 1933, to Oct 5, 1933.I last saw him alive on Oct 4, 1933; death is said to have occurred on the date stated above, at 6:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cirrhosis of Liver

Date of onset

1920

Other Contributory Causes of importance:

Arteriosclerosis1925

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) P. J. Brown M. O.(Address) Great Mills Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | Date of onset |
|--------------------------------|---------------|
| | 1915 |
| Chronic interstitial nephritis | 1921 |

BUREAU V. S.

Other contributory causes of importance:

| | |
|------------|---------------|
| Gallstones | Date of onset |
| | May 1, 1923 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
| | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10344

1. PLACE OF DEATH

County *Baltimore*Village or City *Lansdale*Length of residence in city or town where death occurred *3* yrs.No. *16* St., *283* Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. *0* ds. How long in U.S. if of foreign birth? *0* yrs. *0* mos.

2. FULL NAME

(a) Residence: No. *Joseph Philip Goldring*

(Usual place of abode)

St., *Ward.*

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|---------------------------------|--|
| 3. SEX <i>Male</i> | 4. COLOR OR RACE <i>Colored</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Singh</i> (write the word) |
|--------------------|---------------------------------|--|

5e. If married, widowed, or divorced
HUSBAND OF
(or) WIFE of *—*6. DATE OF BIRTH (month, day, end year) *June 7 - 1920*7. AGE *3* Years *3* Months *26* Days If LESS than
1 day, *—* hrs.
or *—* min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. *—*9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. *—*10. Date deceased last worked at this occupation (month and year) *—*11. Total time (years) spent in this occupation *—*12. BIRTHPLACE (city or town)
(State or country) *Lansdale MD*13. NAME *John Philip Goldring*14. BIRTHPLACE (city or town)
(State or country) *Lansdale MD*15. MAIDEN NAME *Jane Taylor Herbert*16. BIRTHPLACE (city or town)
(State or country) *Lansdale MD*17. INFORMANT
(Address) *John Philip Goldring*

18. BURIAL, CREMATION OR REMOVAL

Place *Beth Joseph* Date *Oct. 3*, 19. *33*19. UNDERTAKER
(Address) *Elmer M. Johnson*20. FILED *Oct. 2*, 19. *33* *John Johnson*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Oct. 2*, 19. *33*(Month) *(Dey)* *(Year)*22. I HEREBY CERTIFY That I attended deceased from *Sept. 29*, 19. *33*, to *Oct. 2*, 19. *33*.I last saw him *—* alive on *Oct. 1*, 19. *33*; death is said to have occurred on the date stated above, et. *9 a.m.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

acute Poliomyelitis
(spasmodic)

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19. *—*

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Elmer M. Johnson*

M. D.

(Address) *Morganza*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| Date of onset |
|------------------------|
| Attack of epilepsy |
| Run over by street car |
| Peritonitis |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10345

1. PLACE OF DEATH

County St. MarysVillage or City Pearson

89-a

Registration Dist. No. 287

St. _____ Ward _____

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Louis H. Gordon

(a) Residence: No. _____

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Black5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

May 15, 1918

7. AGE

15

Years

5

Months

11

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Pearson
Md

MOTHER FATHER

13. NAME

John Washington14. BIRTHPLACE (city or town)
(State or country)Maryland

15. MAIDEN NAME

Alice Gordon16. BIRTHPLACE (city or town)
(State or country)Maryland17. INFORMANT
(Address)Maggie Barber
Pearson, Md

18. BURIAL, CREMATION, OR REMOVAL

Place St. Nicholas Cemetery Oct 28 193319. UNDERTAKER
(Address)Thomas Harris
Hermannville, Md

20. FILED Oct 26, 1933

By Deanne Red
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 26, 1933
(Month) (Day) (Year)

22. I HEREBY CERTIFY that I attended deceased from

Oct 24, 1933 to Oct 26, 1933I last saw him alive on Oct 24, 1933; death is said to have occurred on the date stated above, at 9 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Purulent meningitis

Data of onset

10/22/33

Other Contributory Causes of Importance:

Otitis media10/1/33

Name of operation _____

Date of _____

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

(Address) Great Mills, Md M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|------------------------|---------------|
| Arteriosclerosis | RECEIVED NOV 4 1923 | Date of onset |
| Chronic interstitial nephritis | | 1915 |
| Cerebral hemorrhage | | 1921 |

| BUREAU OF | |
|--|--|
| Other contributory causes of importance: | |

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

| BUREAU OF | |
|--|--|
| Other contributory causes of importance: | |

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County. St. Marys'

Village or City Mechamsville

2 FULL NAME Infant of Horace and Mary, Hawkins

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------|-----------------|--|
| 3 SEX | 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) |
| Male. | Col | Single |

6 DATE OF BIRTH

Oct 29, 1923
(Month) (Day) (Year)

7 AGE

If LESS than
1 day ... hrs.
yrs. Stillborn or min.?

none

8 OCCUPATION

(a) Trade, profession or
particular kind of work

(b) General nature of industry
business, or establishment in
which employed or (employer)

9 BIRTHPLACE
(State or country)

St. Marys Co. Md.

10 NAME OF FATHER

Horace Hawkins

11 BIRTHPLACE OF FATHER
(State or country)

St. Marys Co. Md.

12 MAIDEN NAME OF MOTHER

Mary, Horch.

13 BIRTHPLACE OF MOTHER
(State or country)

St. Marys Co. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Horace Hawkins

(Address)

Mechamsville

15 Filed

Oct 30, 1923 Louis J. Jackson
Registrar

**STATE OF MARYLAND
CERTIFICATE OF DEATH**

Registration Dist. No. 284

St. Ward (If death occurred in
a hospital or institution,
give its NAME instead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct 29, 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Oct 29, 1923 to Oct 29, 1923

that I last saw him still born, Oct 29, 1923

and that death occurred on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH * was as follows:

Premature birth (7 mos)

(Duration) yrs. 7 mos. ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) Louis J. Jackson M. D.

Oct 30, 1923 (Address) Mechamsville

*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Joseph's Church Oct 30, 1923

20 UNDERTAKER E. R. Jobe ADDRESS Mechamsville

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up, on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral fever* (the only definite synonym is "Epidemic cerebro-sinal meningitis"); *Diphtheria* avoid use of "Group"; *Typhoid fever* never report "Typhoid Pneumonia"; *Lobur pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitum, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL sepiachnia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *bacillus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and a few questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10347

1. PLACE OF DEATH

County St. Mary'sVillage or City Haley

Length of residence in city or town where death occurred

(8)

Registration Dist. No. 286St. Ward

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No. Mdmos. 0 ds.

How long in U.S. if of foreign birth?

yrs. 0 mos.yrs. 0 ds.2. FULL NAME Stillborn Hill(a) Residence: No. 711

(Usual place of abode)

St. WardMd

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)evl.Singe

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

10 - 31 - 33

7. AGE

Years Months Days If LESS than
— — — 1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

TerryMd

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesmen and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|--------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10348

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

County St. Marys

Village or City Mechewsville

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 284

46

St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

6 WIFE

8 DATE OF BIRTH

Jan 26, 1866
(Month) (Day) (Year)

7 AGE

67 yrs. 7 mos. da. or min.?

If LESS than
1 day hrs.

8 OCCUPATION

(a) Trade, profession or
particular kind of work assisted house keeping
(b) General nature of industry
business, or establishment in
which employed or (employer) house wife9 BIRTHPLACE
(State or country)

St. Marys Co. Md.

10 NAME OF
FATHER

Jerry Davis

11 BIRTHPLACE
OF FATHER
(State or country)

St. Marys Co. Md.

12 MAIDEN NAME
OF MOTHER

Caroline Cahay

13 BIRTHPLACE
OF MOTHER
(State or country)

St. Marys Co. Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. D. Colona

(Address) Mechanicsville

15

Filed Oct 26, 1933 Loren J. Jacobson
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct 25, 1933
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from
Mrs. L. J. Jacobson 1933 to Oct 25, 1933.
that I last saw her alive on Oct 24, 1933.
and that death occurred on the date stated above, at 3:45 P.M.
The CAUSE OF DEATH * was as follows:Carcinoma of rectum

(Duration) 1 yrs. mos. ds.

Contributory
SecondaryVal. & lead disease

(Duration) 2 yrs. mos. ds.

(Signed) Loren J. Jacobson M.D.
Oct 26, 1933 (Address) Baltimore, Md.*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

at Fairview church

DATE OF BURIAL

Oct 27, 1933

20 UNDERTAKER

E. R. Foster

ADDRESS

Mechanicsville

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Former teacher, retired 6 yrs.* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the disease CAUSING DEATH (the primary affection with respect

to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup";

Typhoid fever never report "Typhoid Pneumonia"; *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic tubular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Volunteer wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REVISED UNITED STATES STANDARD

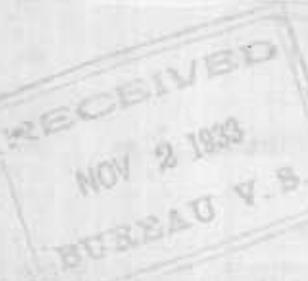
CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary foreman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent death state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably such*, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—pedestrian; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10350

1. PLACE OF DEATH

County St. MarysVillage or City St. Georges Island

No.

Registration Dist. No. 287

St.

Ward

Length of residence in city or town where death occurred _____ yrs. _____ mos. 21 ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

James Benjamin Russell

(a) Residence: No.

St. Ward.

Washington, D. C.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|-------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u> (write the word) |
|--------------------|-------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

| | | | | |
|------------------|----------------|-----------------|----------------|--|
| 7. AGE <u>63</u> | Years <u>—</u> | Months <u>—</u> | Days <u>22</u> | If LESS than 1 day, _____ hrs. or _____ min. |
|------------------|----------------|-----------------|----------------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town)
(State or country)Md13. NAME Red Russell14. BIRTHPLACE (city or town)
(State or country)Maryland15. MAIDEN NAME Laura Gatten16. BIRTHPLACE (city or town)
(State or country)Maryland17. INFORMANT Martin Burgess
(Address) St. Georges Island Md

18. BURIAL, CREMATION, OR REMOVAL

Place St. Georges Island Cem Date Oct 10, 193319. UNDERTAKER Tom C. Matheny
(Address) Lionard Town Md20. FILED Oct 9, 1933 By John H. Green Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 8

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept 24, 1933 to Oct 8, 1933I last saw him alive on Oct 1, 1933; death is said to have occurred on the date stated above, at 5 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis Jan 1932

Date of onset

Other Contributory Causes of importance:

Name of operation

Data of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address) Great Mills, Md

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| REASON FOR DEATH | | Date of onset |
|--------------------------------|------------|---------------|
| Arteriosclerosis | NOV 4 1923 | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | BUREAU V | July 5, 1927 |
| | | |
| | | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |
| | |
| | |

Example II

| REASON FOR DEATH | | Date of onset |
|------------------------|--|---------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |
| | | |
| | | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10351

1. PLACE OF DEATH

County St. MarysVillage or City Hollywood

117

Registration Dist. No. 287

St.

Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Stevens

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE Black5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Aug 30, 19337. AGE Years Months 1 Days 21 If LESS than
1 day, _____. hrs.
or _____. min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc. None9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. 10. Date deceased last worked at
this occupation (month and
year) 8/30/3311. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Hollywood
md13. NAME Jerome Stevens14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME Beatrice Clark16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Jerome Stevens
(Address) Hollywood, Md

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Cemetery Date Oct. 21, 193319. UNDERTAKER Roy Stevens
(Address) Hollywood, Md20. FILED Oct 20, 1933 By Dean M. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 20

(Month)

(Day)

(Year) 1933

22. I HEREBY CERTIFY. That I attended deceased from

Oct 18, 1933, to Oct 20, 1933. I last saw him alive on Oct 19, 1933; death is said to have occurred on the date stated above, at 4:20 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

EnterocolitisDate of onset 10/1/33

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) (Address) Great Mills, Md M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|--------------|
| Arteriosclerosis | NOV 4 1923 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | JULY 14 1923 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|-----------------------|
| Arteriosclerosis | Date of onset 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| | |
|--|---|
| 1 PLACE OF DEATH | |
| County | <i>S. D. Hayes</i> |
| Village or City | <i>Bristow</i> (No.) |
| 2 FULL NAME | |
| <i>Mary Letitia Sivaller</i> | |
| PERSONAL AND STATISTICAL PARTICULARS | |
| 3 SEX | 4 COLOR OR RACE |
| female | Colored |
| 5 SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word) | married |
| 6 DATE OF BIRTH | <i>May 9, 1903</i> |
| (Month) | (Day) |
| (Year) | |
| 7 AGE | If LESS than 1 day, hrs. OR min. ? |
| <i>35 yrs. 5 mos. 14 ds.</i> | |
| 8 OCCUPATION | housework |
| (a) Trade, profession, or particular kind of work... | |
| (b) General nature of industry, business, or establishment in which employed (or employer) | |
| 9 BIRTHPLACE (State or country) | <i>S. D. Hayes, Md</i> |
| 10 NAME OF FATHER | <i>William Francis Brooks</i> |
| 11 BIRTHPLACE OF FATHER (State or country) | <i>S. D. Hayes, Md</i> |
| 12 MAIDEN NAME OF MOTHER | <i>Mary Elizabeth Barnes</i> |
| 13 BIRTHPLACE OF MOTHER (State or country) | <i>S. D. Hayes, Md</i> |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | |
| (Informant) | <i>James Franklin Sivaller</i> |
| (Address) | <i>Bristow, Md</i> |
| 15 | Filed |
| Oct 24, 1953 | Clerk |

REGISTRAR

10353

**STATE OF MARYLAND
CERTIFICATE OF DEATH**
Registration Dist. No. *282*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

| | | |
|--|---|-----------------------|
| MEDICAL CERTIFICATE OF DEATH | | |
| 16 DATE OF DEATH | <i>Oct 28, 1953</i> | (Month) (Day) (Year) |
| 17 | I HEREBY CERTIFY, That I attended deceased from <i>June 13, 1953</i> , to <i>Oct 28, 1953</i> , that I last saw her alive on <i>Oct 18, 1953</i> and that death occurred on the date stated above, at <i>7:30 pm.</i> The CAUSE OF DEATH* was as follows: | |
| <i>Pulmonary tuberculosis</i> | | |
| (Duration) <i>1 yrs. 3 mos. 0 ds.</i> | | |
| Contributory Secondary | | |
| (Duration) <i>0 yrs. 0 mos. 0 ds.</i> | | |
| (Signed) <i>Brown C. J.</i> (Address) <i>Lebanon, Tenn</i> | | |
| * State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. | | |
| 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) | | |
| At place of death <i>.... yrs. mos. ds.</i> In the State <i>.... yrs. mos. ds.</i> | | |
| Where was disease contracted, if not at place of death? | | |
| Former or usual residence. | | |
| 19 PLACE OF BURIAL OR REMOVAL | | DATE OF BURIAL |
| <i>Our Lady's Chapel</i> | | <i>Oct 28, 1953</i> |
| 20 UNDERTAKER | | ADDRESS |
| <i>H. Demens Hattingshene, L. C. L.</i> | | |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Masles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Træmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent death state MEANS OF INJURY and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10354

1. PLACE OF DEATH

County St. Mary'sVillage or City Port St. Mary

Length of residence in city or town where death occurred

No.

Registration Dist. No. 280

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. or of foreign birth?

yrs.

mos.

de.

2. FULL NAME Mary Fawcett(a) Residence: No. 101 N. Main St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)FemaleColwidowed5a. If married, widowed, or divorced
HUSBAND of

(or) WIFE of



6. DATE OF BIRTH (month, day, and year)

7. AGE

38

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Hausfrau9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

MOTHER

FATHER

Dover IslandDover IslandMary BordenDover Island17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Cemt. Date Oct. 22, 193319. UNDERTAKER
(Address)M. C. Mallinckrodt
Funeral Home Int'l131933J. J. FawcettRegistrar101 N. Main St.M. D.10354

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct.11933(Month)(Day)1933(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 1, 19331933Oct. 22, 19331933I last saw him alive on Oct. 20, 1933; death is said
to have occurred on the date stated above, at 6 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were, as follows:Proximate cause of deathCerebral Hemorrhage

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|-----------------------|
| Arteriosclerosis | Date of onset 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|------------|------------------------------|
| Gallstones | Date of onset May 1, 1923 |
| | |
| | |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|-----------------------------|
| Attack of epilepsy | Date of onset 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|-------------------------|
| Gastroenteritis | Date of onset 1 year |
| | |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County St. Mary's

(13)

Registration Dist. No. 237

10355

Village or City St. Georges Island

No.

St., Ward

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? mos. ds.2. FULL NAME Emma Jane Twillie

(a) Residence: No. _____

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

 Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF

John Wesley Twillie

6. DATE OF BIRTH (month, day, and year)

Nov 23 1861

7. AGE

Years

71

Months

10

Days

259

If LESS than
1 day, _____ hrs.
or _____ min.

8. OCCUPATION

Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

Sept 1925

11. Total time (years)
spent in this
occupation

40

12. BIRTHPLACE (city or town)

(State or country)

Cedarville

New Jersey

13. NAME William Forbes

14. BIRTHPLACE (city or town)

(State or country)

New Jersey

15. MAIDEN NAME Mary White

16. BIRTHPLACE (city or town)

(State or country)

New Jersey

17. INFIRMARY
(Address) Mayis Milburn

18. ST. GEORGES ISLAND, Md

18. BURIAL, CREMATION, OR REMOVAL

Place St. Georges M. P. Cemetery Date Oct 24, 193319. UNDERTAKER Tom C. Matheny(Address) Concordia, Md20. FILED Oct 23, 1933Off. Reg. No. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct
(Month)22
(Day)1933
(Year)22. I HEREBY CERTIFY, That I attended deceased from August 1, 1933, to Oct 22, 1933.I last saw her alive on Oct 22, 1933; death is said to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

PyloneuritisDate of onset
10/12/33

Other Contributory Causes of importance:

Colitis

8/1/33

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

M. D.

(Address) Great Mills, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | RECEIVED | Date of onset |
|--------------------------------|----------|---------------|
| | | 1915 |
| Chronic interstitial nephritis | | 1921 |

Cerebral hemorrhage

BUREAU U. S.

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN